

REQUEST FOR SUSPENSION FORM

Mail or Fax a copy of this form to: Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210 PHONE (803) 896-5100 FAX (803) 896-5199	Need Assistance with completing the Form? SC Office of Regulatory Staff Transportation Department PHONE: (803) 737-0800
--	--

DATE: 08/30/2018

Please consider this as my Request for **Suspension** of:

- ☒ Class C Taxi Certificate Number 8725
☐ Class C Charter Certificate Number _____
☐ Class C Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____
☐ Class E Household Goods Certificate Number _____
☐ Class E Hazardous Wastes Certificate Number _____

RECEIVED
SEP 05 2018
PSC SC
MAIL / DMS

I request that my certificate be suspended until 08/30/2019

Date: (mm/dd/yyyy)

Yermolayev Sergey A D/B/A Convenience Serg Taxi
(Name of Company) (if applicable)

1840 Carriage Ln Apt 33B Charleston SC 29407
(Street and or Mailing Address) (City, State, Zip Code)

843-330-9270 [Signature] owner
(Telephone Number) (Signature and Title, i.e, President, Owner)

Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.

Reason for Request for Suspension of Operations:

I need find good driver

